EXECUTIVE SUMMARY

Missouri Department of Mental Health
YMCA of the Ozarks, 13528 State Highway AA
Potosi, Missouri 63664

Mental Health Commission Meeting

July 12, 2007

PRESENT

Ron Dittemore, Chair
Beth Viviano, Secretary
Phillip McClendon
Patricia Bolster, M.D.

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Mark Stringer, Division Director, ADA
Joe Parks, Division Director, CPS
Bernie Simons, Division Director, MRDD
Patty Henry, Deputy Director, Administration
Brent McGinty, Administration
Felix Vincenz, CPS COO
Monica Hoy, Assistant to the Director
Benton Goon, DMH Transformation Grant
John Heskett, Office of Child MH
Jan Heckemeyer, DMH Administration
Leigh Gibson, Consumer Affairs
Diane McFarland, Transformation Grant
Pam Leyhe, Director's Office
Cathy Welch, Director's Office
Audrey Hancock, Director's Office

GUESTS

Susan Pritchard-Green, MO Planning Council
Jeff Grosvenor, MRDD
Martha Cassel, COO, SEMO
Alan Blake, COO, MOSOTC
Karen Adams, CEO, Southern Region
Bob Wills, Southeast MO MHC
Melissa Ring, COO, SEMO
Jodi Stefanick, Governor's Office
Tim Swinfard, MO CMHC
Danny Wedding, MIMH
Kathy Meath, St. Louis ARC
Helen Minth, St. Louis Empowerment
Wendy Sullivan, Life Skills
Julie Inman, CFO, SEMO
Peg Capo, DDRB

TOPIC/ISSUE	DISCUSSION
WELCOME	Keith Schafer welcomed Commissioners, Staff and Guests and explained the components of this Retreat: • Teambuilding • Commission Reflections • Key Issues
CALL TO ORDER **INTRODUCTIONS** **APPROVAL OF MINUTES**	Ron Dittemore called the meeting of the Missouri Mental Health Commission to order at 8:30 a.m. on Thursday, July 12, 2007. The meeting was held at the YMCA of the Ozarks, Potosi, MO. Introductions were made. Phillip McClendon made a motion to approve the Mental Health Commission Minutes for June 14, 2007. Beth Viviano seconded the motion and the Minutes were approved.
COMMISSIONERS' IMPRESSIONS	Each Commissioner was asked to share their reflections and thoughts on the department and work of the Commission: Positive items noted: • DMH administration taking proactive role • Strong leadership • DMH moving toward evidence-based practice • FY 08 budget increase • Moving toward utilization of data in decision-making Concerns: • Staffing at facilities—need for adequate training and supervision • Waiting lists for receiving services • Shortage of psychiatrists at state facilities • MOSOTC • Bellefontaine Habilitation Center Plan • Better connection between DMH central office and services • Service capacity • Gaps in funding around the state

TOPIC/ISSUE	DISCUSSION
TEAM BUILDING EXERCISE	Keith Schafer expressed the importance of effective communication in team building. A self-disclosure exercise was conducted in which participants were asked to voluntarily share events and name of a person that helped shape their life. Each person around the table shared their insight.
OPEN DISCUSSION	• Susan Pritchard-Green provided an update on the survey that was done by the Missouri Planning Council for Developmental Disabilities. From this survey, the MPCDD will conduct a campaign to promote their messages on developmental disabilities. The Council has a new Chair—Shelly Shetley. • Jodi Stefanick thanked the Commission for the invitation to attend the Retreat. She expressed thanks on behalf of the Governor for the work of the Commission and DMH staff.
DMH EXECUTIVE TEAM IMPRESSIONS	• Keith stated that his FY 09 budget letter to stakeholders will soon be sent. • Joe Parks provided handout and discussion was held on Community Partnership Expanding Service and explained current activities and issues around privatization of some DMH services: ➢ The argument – we have been unable to provide the CPS hospitals with sufficient resources ➢ Current situation – Psychiatrist and RN annual turnover exceeds 30%, occupancy often over 100% ➢ Historic experience – four state operated CMHCs converted to community ownership/operation in 1990s ➢ Outcomes of TMC privatization – 5,000 served in 1996, 11,000 served now; four psychiatrists in 1996, 14 now; JCAHO accredited; additional Medicaid billing opportunities ➢ Western MO MHC Leased Ward – opened June 2006 after six months planning; 25 beds operating at 97% capacity; financially viable; DMH receives $240,000 rent annually ➢ The Goals – expanding community services; maintaining equivalent access to inpatient services; increasing continuity between inpatient/outpatient services; integrating behavioral and health care ➢ Expanding current services – inpatient psychiatric bed days; outpatient psychiatric services; individual and group psychotherapy; case management and community support ➢ Adding new services – crisis residential programs for emergency room diversion and use as stepdown unit; transitional time-limited CPRC ➢ Assuring inpatient access – operating inpatient beds as a condition of continued ownership; EMTALA ➢ The complicated part – how can there be enough new revenue to fund both expansion of community services and maintain equivalent access to inpatient care? ➢ Revenue opportunities – CPS acute care facilities are IMDs; IMD= >16 beds and >50% mentally ill; IMDs cannot bill Medicaid for 18 to 64 year-olds; general hospitals are not IMDs and can bill Medicaid ➢ Revenue opportunities-rates and collections – CPS facility rates are extremely low due to not accounting for amortization, meds surge overhead costs, and profit; general hospital rates draw more reimbursement

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	➢ Revenue Opportunities-DSH – DSH=disproportionate share=an additional federal payment to compensate for hospitals who have a "disproportionate share" of Medicaid and uninsured patients; the maximum amount of DSH that Missouri can earn through IMDs is capped and we are over that cap; by converting the DMH IMD beds to General Hospital non-IMD beds we move back under the cap ➢ Revenue opportunities—Hospital Provider Tax – General Hospitals in Missouri participate in a provider tax that allows them to draw additional federal revenue; DMH Hospitals cannot participate in the provider tax; converting DMH operated beds into general hospital operated beds will generate additional provider tax and the corresponding additional federal revenue. • Bernie Simons provided handout and discussion was held on MRDD Regional Center functional structure and noted Recommendation #24 of the Lt. Governor's Findings and Recommendations to Governor Blunt: ➢ Consumer Relations – Consumer relations will be responsible for development, implementation, and enhancement of the infrastructure of supports and services for individuals with developmental disabilities and their families. Consumer relations will have staff comprised of support coordination, intake/eligibility, transition (school to post-secondary education life), transition (habilitation centers), self-directed supports/services, self-advocate, valued day/employment, and in-home support team. ➢ Business Administration – Business administration will be responsible for the day to day operation at the regional office. Duties will include human resources, accounting, and staff development, including recruitment and training of regional office employees, process payments, and providing assistance regional office staff and community contract providers. ➢ Resource Administration – Resource administration will be responsible for provider development to enhance the capacity for the provision of supports and services. In addition, the staff will provide technical assistance and monitoring, allocate resources, conduct training on inquiries, and management of the contracts with providers of supports and services. ➢ Clinical – The clinical section will be to provide specialty consultation on physical, nutritional management with a focus on building local capacity through education coordination with allied health profession associations on best practices for persons with developmental disabilities. In addition, the team would establish partnerships with local institutions of higher education which have schools that prepare allied health professionals in order to expand local capacity of expertise to meet the clinical needs of persons with developmental disabilities. The clinical team will be comprised of a behavior analyst, occupation therapist, physical therapist, speech therapist, nursing, dietician and the Human Rights Committee. ➢ Quality Assurance – Quality assurance staff will be responsible for monitoring, tracking, trending, and

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	reporting provider performance based upon current standards, outcomes and indicators of promising practices. The quality assurance staff will report directly to Director of Quality Assurance in central office. However, quality assurance staff will work closely at the local level with consumer relations, resource administration, and clinical section staff and be located within the regional office.
ADJOURN	The Mental Health Commission adjourned at 3:00 p.m. _____ Ron Dittemore, Chair